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## ***Skill Procedures:***

### ***Hare Traction Splint***

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#### ***I. Usage***

1. The hare traction splint is designed to be used on those patients who have suffered a suspected femur fracture. Proper use can decrease the pain and damage caused by the fracture.

#### ***II. Indications***

1. Suspected femur fracture.



#### ***III. Contraindications***

1. Open femur fracture.

#### ***IV. Procedural Protocols***

1. Upon recognizing the injury, Rescuer One should stabilize leg in the position found.
2. Rescuer Two will then expose the injured leg.
  - A. Assess neurological function distal to injury site.
  - B. Assess circulatory function distal to injury site.
3. Rescuer Two should prepare traction splint.
  - A. Position splint against uninjured leg.
  - B. Place the ischial pad against the iliac crest.
  - C. Adjust splint to length, extending the splint so that the bend is even with the heel of the foot.
  - D. Tighten locking collars.
  - E. Open and position the Velcro straps along the splint.

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### ***IV. Procedural Protocols (continued)***

- F. Release the ratchet, extending the entire length of the traction strap.
  - G. Place the splint next to the injured leg.
- 4. Rescuer Two should apply the ankle hitch to the patient.
- 5. Rescuer Two should apply gentle but firm traction.
- 6. Rescuer One will now move the splint into position.
  - A. The splint should be firmly seated against the ischial tuberosity.
- 7. Rescuer One secures the pubic strap.
  - A. The strap is brought over the groin and high over the thigh and secured.
- 8. Rescuer One attaches the ankle hitch to the traction strap.
- 9. The traction strap is taken in, applying mechanical traction until the pain and muscle spasms are relieved.
  - A. Maintain manual traction until the mechanical traction takes over.
  - B. Traction can be stopped when the injured leg is approximately the same length as the uninjured leg.
- 10. Secure the remaining Velcro straps around the leg.
- 11. Reevaluate all of the straps.
  - A. When splint is properly applied, the patient's foot should be upright.

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### ***IV. Procedural Protocols (continued)***

12. Reassess circulatory and neurological function distal to injury site.
  - A. Compare to original findings and note any changes.
13. Transport patient on firm surface, such as a long spine board, so that the splint is supported.

### ***V. Notes***

1. If the patient is determined to be unstable, do not waste time applying the traction splint. Splint the injured leg against the uninjured leg to expedite transport.
2. Continue to monitor patient's vital signs during transport.
3. Continue to reassess circulatory and neurological function distal to injury site.
  - A. Compare to original findings and note any changes.
4. If the hospital has not removed the splint prior to departing, request the hospital staff to notify the EMS Supervisor once the splint is removed. It should be picked up as soon as possible and placed back on the unit.

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